

**County of San Diego**  
**Department of the Alternate Public Defender**  
**Juvenile Division**  
*Volunteer Program Application*

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone/Day: \_\_\_\_\_ Evening: \_\_\_\_\_

1. How did you hear about this program?: \_\_\_\_\_

\_\_\_\_\_

2. Why are you applying for this volunteer position?: \_\_\_\_\_

\_\_\_\_\_

3. Have you or any family member ever had any involvement in a Juvenile Court Dependency case?  
YES ☐ NO ☐

4. Please list your educational background, including any degrees or diplomas, and special courses or training which you feel may be helpful to you in this position.

\_\_\_\_\_

5. Are you presently employed? YES ☐ NO ☐

a. Position and employer: \_\_\_\_\_

b. May we contact your employer for a reference? YES ☐ NO ☐

c. Name of contact person and telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have a criminal record (including driving convictions)? YES ☐ NO ☐

If so, please list. (Serious criminal convictions or driving under the influence/reckless driving convictions may be disqualifying):

\_\_\_\_\_

\_\_\_\_\_

- 
7. Have you had any experience working with people of diverse ethnic, educational, or economic backgrounds? YES ☐ NO ☐  
Explain: \_\_\_\_\_
- 
8. List any experience you have had working in the area of abuse or domestic violence: \_\_\_\_\_
- 
9. Have you had any experience with foster parents, social workers, or other child abuse professionals? YES ☐ NO ☐ Explain: \_\_\_\_\_
- 
10. What qualities do you possess that will help you work objectively and supportively with clients who have been found by the Court to have injured, abused, molested, or neglected their child or children? \_\_\_\_\_
- 
11. Are you prepared to work cooperatively under the direction of a Supervisor? YES ☐ NO ☐
12. Can you devote approximately twenty (20) hours a month to this Program? YES ☐ NO ☐ If not, how many hours can you devote? \_\_\_\_\_
13. Please submit two letters of personal recommendation or provide us with names, addresses and telephone numbers of two personal references we may contact.
- |                |                |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
14. Are you willing to undergo a background check? YES ☐ NO ☐  
California Drivers License Number: \_\_\_\_\_

---

Signature

---

Date

*Please return application to:* Alternate Public Defender, Juvenile Division  
Attn: Bill McCastle  
110 West "C" Street  
San Diego, CA 92101